

Foreign Risk Retention Group Application for Registration

Complete this application. Do not leave any question blank - Enter "N/A" or "None" if not applicable. Use the checklist on this form to assure that all required documents are attached. File application with original signatures.

Please place the Risk Retention Group Name and Tax ID Number in the upper right corner of each attachment to this application.

Name of Risk Retention Group (name must include the phrase "Risk Retention Group")	Tax ID number (FEIN)
dbas (assumed names) used in this or any other state	NAIC Code

This foreign risk retention group is licensed and domiciled in another state. Describe below:

State of domicile	Date of charter	Principal business address (must include street address)
Lines of insurance group is authorized to engage in by the chartering state	Address line 2	
	City	State Zip

Describe the ownership or the risk retention group by checking one box below:

- ☐ The owners are persons who comprise the membership of the risk retention group and who are provided insurance by the group.
- ☐ The ownes are persons who are provided insurance by the group. *If you checked this box, enter name and address of organization.*

Name of organization		
Address		
City	State	Zip

The risk retention group is composed of members who are engaged in business or activities which are similar or related with respect to the liability to which such members are exposed by virtue of a related, similar or common business, trade, product, service(s), premises or operations. Please describe the business or activities that members of the group are engaged in:

Company responsible for management of the insurance operations of the risk retention group	Principal agent or broker responsible for marketing the risk retention group's insurance policies		
or check if <input type="checkbox"/> None	or check if <input type="checkbox"/> None		
Company name	Name		
Contact person name and title	Number, street and floor or suite number		
Number, street and floor or suite number	Address line 2		
Address line 2	City	State	Zip
City	State	Zip	Telephone number (include area code)
Telephone number (include area code)	EEmail address		
EEmail address	Producer license number	State licensed in	

Affiliates. Identify each of the following in relation to the applicant: Attach additional list if necessary

- ALL officers* of the corporation, partners, or owner
 ► ALL stockholders of 10% or more
 ► ALL members if company is organized as a limited liability company
 ► ALL members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

* Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer

Name	Title and/or stock %

Name	Title and/or stock %

IMPORTANT NOTE: Each person listed above must complete and submit form FIS 0361 Affiliation Statement before this application can be reviewed for approval.

Filing checklist: Please place the Risk Retention Group Name and Tax ID Number in the upper right corner of each attachment to this application.

- ☐ Attach copies of form FIS 0361 Affiliation Statement, completed and signed by each affiliate listed on this application.
 ☐ Attach an exhibit of historical or expected loss experience; financial statements for 3 years or projections for 3 years.
- ☐ Attach a copy of group's plan of operation, or feasibility study, and any revisions filed in group's charter state.
 ☐ Attach appropriate opinions by a qualified independent casualty actuary.
- ☐ Complete and attach form FIS 0234 Consent to Service-Foreign Risk Retention Group.
- ☐ Complete and attach form FIS 0364 Report of Operations.
- ☐ Attach a check or money order for \$25.00, payable in U.S. Dollars to "State of Michigan."

Send completed
application package with
payment enclosed to:

Office of Financial and Insurance Services
611 W. Ottawa Street
PO Box 30220
Lansing MI 48909-7720

Certification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature

Date signed

Signer's name and title (typed or printed)



Michigan Department of Labor & Economic Growth

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.